

STIPULATIONS WITH REQUEST FOR AWARD

Social Security No. _____

Address

Address(es)

Address(es)

Applicant/Employee: _____ WCAB No(s). _____

4. There ☐ is ☐ is not a need for medical treatment to cure or relieve from the effects of said injury(ies).

5. Medical-legal expenses and/or liens are payable by defendant as follows:

6. Applicant's attorney requests a fee of \$_____ ☐ Fees to be commuted as follows: _____.

7. Liens against compensation are payable as follows:

8. Any accrued claims for Labor Code Section 5814 penalties are included in this settlement unless expressly excluded.

9. Other stipulations:

Dated

Attorney or Authorized Representative for Defendant

Applicant

Address of Attorney or Authorized Representative

Attorney or Authorized Representative for Applicant

Address of Attorney or Authorized Representative

Interpreter

Applicant/Employer: _____ WCAB No(s). _____

AWARD

AWARD IS MADE in favor of _____ against

(entity legally obligated to pay the award) of:

(A) Additional temporary disability indemnity in accordance with paragraph 2(a) above,

(B) Permanent disability indemnity in accordance with paragraph 3 above,

Less the sum of \$ _____, payable to applicant's attorney as the reasonable value of services rendered.

☐ Fees are to be commuted pursuant to Paragraph 6.

(C) Liens in accordance with Paragraph 7 above,

(D) Further medical treatment in accordance with Paragraph 4 above,

(E) Reimbursement for medical-legal expenses in accordance with Paragraph 5 above,

(F) Stipulations in Paragraph 8 and 9 are approved.

(G) The matter is ordered off calendar / set for status/lien conference.

(H)

(Dated)

WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE
WORKERS' COMPENSATION APPEALS BOARD

On _____, this document ☐ was personally served on all persons appearing at the hearing on said date, as set forth in the minutes of that hearing ☐ was personally served on

☐ was served by mail on all persons listed on the Official Address Record ☐ was served by mail on following party or parties: _____

By _____

☐ NOTICE TO: _____

Pursuant to Rule 10500, you are designated to serve this document on all parties shown on the Official Address Record, together with a proof of service. You shall maintain this proof of service, which shall not be filed with the WCAB unless a dispute arises regarding service. A copy of the current Official Address Record accompanies this notice.